Medicine Hat Public School Division

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 600 – Students

ADMINISTRATIVE PROCEDURE - EXHIBIT: DIABETES CARE PLAN

EXHIBIT CODE:	*626 E 004*
Policy Reference: 626 – Administration of Medication and Medical Care	**Procedure Code Reference:** 626 AP 001– Administration of Medication and Medical Care

EXHIBIT

See below for Exhibit.

Approved: May 11, 2020

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Diabetes Care Plan

A copy of this information must be kept in an unlocked, central location for quick access in case of emergency

Student: _____ Age: _____ Grade: _____

Parent(s)/Guardian(s): _____

Home Phone #: _____ Day Phone #: _____ Cell Phone #: _____

Names & grades of siblings in the school: _____

Physician: _____ Phone: _____

Time of day when low blood glucose is most likely to occur: _____

Symptoms commonly experienced: _____

What has been provided to treat hypoglycemia: _____ Where is it located? _____

Type of morning snack: _____ Afternoon snack: _____

Suggested treats for 'in-school' parties/events: _____

Sports and Extracurricular Activities: It is critical that the people who have students with diabetes in their care, including gym teachers and coaches, are familiar with the symptoms, treatments and prevention of hypoglycemia.

Special Instructions: _____
_____
_____

Student Photo	I hereby request and give my permission for the below named principal and/or designate, on behalf of the Board of Trustees of Medicine Hat Public School Division, to follow the recommended Diabetes Care Plan above, based on the information contained therein. I make this request knowing that the school personnel have no special training or limited training in medical procedures. I am aware of the risks or benefits of consenting or refusing to consent to this treatment. Parent/Guardian Signature: _____ Date: _____

PRINCIPAL'S APPROVAL

Principal or Designate (please print): _____

Signature: _____ Date: _____